502-429-3300 800-305-2042

KENTUCKY BOARD OF NURSING

FAX: 502-429-3311

312 Whittington Parkway, Suite 300 Louisville, Kentucky 40222-5172

INDIVIDUAL REQUEST FOR REVIEW OF CONTINUING EDUCATION ACTIVITY

Enclosed is an application form for individual review of continuing education activity. The review process is expedited when all requested materials are submitted with the completed application form, along with a **nonrefundable \$10** review fee payable to the Kentucky Board of Nursing.

Submit this application form, copy of brochure, announcement, and/or promotional materials including classroom agenda, a copy of your certificate of completion, and fee to:

Mary Stewart
Continuing Competency Program Coordinator
Kentucky Board of Nursing
312 Whittington Pky, Ste 300
Louisville KY 40222-5172

Please note that your application will not be reviewed until we receive a copy of your certificate of completion, the agenda, and the fee.

"List of Recognized Organizations (2005)"

NATIONAL NURSING ORGANIZATIONS RECOGNIZED BY THE KENTUCKY BOARD OF NURSING FOR APPROVAL OF CONTINUING EDUCATION OFFERINGS

- American Academy of Nurse Practitioners (AANP)
- American Association of Critical Care Nurses (AACN)
- American Association of Nurse Anesthetists (AANA)
- American College of Nurse Midwives (ACNM)
- American Nurses Credentialing Center (ANCC) of the American Nurses Association (ANA)
- Association of Women's Health, Obstetrical and Neonatal Nurses (AWHONN)
- National Association of Nursing Practitioners in Women's Health
- National Association of Pediatric Nurses Associates & Practitioners (NAPNAP)
- National Association for Practical Nurses Education & Service (NAPNES)
- National Federation of Licensed Practical Nurses (NFLPN)
- National League for Nursing (NLN)
- Other State Boards of Nursing
- HIV/AIDS CE approved through the Cabinet for Health Services (CHS) is also accepted.

KENTUCKY BOARD OF NURSING

"Application for Individual Review"

Please print or type to complete.

I. PERSONAL DATA

	Α.	NAME:					DATE:
	В.	ADDRESS:					AMOUNT:
		CITY:	STATE	i: Z	IP:		APPROVED FOR
	C.	DAY TELEPHONE #:	() EVE	ENING #:	()		CONTACT HOURS (CH) RETAIN THIS COPY WITH
	D.	KY LICENSE #:					YOUR CONTINUING EDUCATION RECORDS TO
II.	CO	NTINUING EDUCATIO	N ACTIVITY				DOCUMENT EARNING OF
	A.	TITLE:					APPROVED CONTACT HOURS DURING
	В.	LOCATION (City/State	e):	(. DATE(S): _		NOVEMBER 1, THROUGH
	D.	MATERIALS INDICAT	BROCHURE, ANNOUNCE	IDA; CER			OCTOBER 31, EARNING PERIOD.
		•	10 NON-REFUNDABLE F				SIGNATURE
III.	in t		sing the following form, ou ave application to nursing TATION ATTENDED.				DATE:
TIT	LE	OF PRESENTATION:					
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		ENTER(3).					
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